



STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

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www.bdp.state.ri.us

TRANSFER CANDIDATE EXAM VERIFICATION FORM

Please return this form directly to the applicant in a sealed envelope.

To: _____

State Board

Re: _____

Applicant's Name

Address

Address

City State Zip

City State Zip

LARE/UNE RECORD

Please list **every year** the candidate has taken the LARE/UNE in your State and indicate which sections he/she passed or failed. Please also indicate if candidate has taken a State examination.

Section	Subject Title	Date	Pass/Fail
State Exam			

Name

Authorized Signature

Title

BOARD SEAL

Please return this form directly to the applicant in a sealed envelope.